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PTO/SB/01 (12-97)

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing OR Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	8462-AFP
First Named Inventor	Michael S. Viola
COMPLETE IF KNOWN	
Application Number	/ Not yet assigned
Filing Date	August 31, 2001
Group Art Unit	TBD
Examiner Name	TBD

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD OF PRINTING USER SPECIFIED FRAMES DURING PLAYBACK OF CONTEMPORANEOUS VIDEO RECORDING

the specification of which

(Title of the Invention)

is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
60 / 229,418	08/31/00	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)					
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.							
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: <input type="checkbox"/> Customer Number _____ → <input type="checkbox"/> Place Customer Number Bar Code Label here OR <input checked="" type="checkbox"/> Registered practitioner(s) name/registration number listed below							
Name	Registration Number	Name	Registration Number				
Paul M. Coryea	48,135						
<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.							
Direct all correspondence to: <input type="checkbox"/> Customer Number or Bar Code Label _____ OR <input checked="" type="checkbox"/> Correspondence address below							
Name	Paul M. Coryea						
Address	Polaroid Corporation						
Address	784 Memorial Drive						
City	Cambridge	State	MA				
Country	U.S.	Telephone	781-386-6474				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon							
Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle if any)		Family Name or Surname					
Michael S.		Viola					
Inventor's Signature				Date			
Residence: City	Burlington	State	MA	Country	US	Citizenship	US
Post Office Address	2 McCarthy Drive						
Post Office Address	Same						
City	Burlington	State	MA	ZIP	01803	Country	US
<input checked="" type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto							

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PTO/SB/02A (3-97)
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DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>2</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
William Hastings		Wurz						
Inventor's Signature							Date	
Residence: City	San Francisco	State	CA	Country	US	Citizenship	US	
Post Office Address	30 Arkansas Street							
Post Office Address	Same							
City	San Francisco	State	CA	ZIP	94107	Country	US	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
David John		Gilmore						
Inventor's Signature							Date	
Residence: City	San Francisco	State	CA	Country	US	Citizenship	UK	
Post Office Address	308 Shields Street							
Post Office Address	Same							
City	San Francisco	State	CA	ZIP	91407	Country	US	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
Elinor Jane Fulton		Suri						
Inventor's Signature							Date	
Residence: City	Berkeley	State	CA	Country	US	Citizenship	UK	
Post Office Address	807 San Diego Road							
Post Office Address	Same							
City	Berkeley	State	CA	ZIP	94707	Country	US	

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>2</u> of <u>2</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Rickson		Sun					
Inventor's Signature							Date
Residence: City	Palo ALto	State	CA	Country	US	Citizenship	US
Post Office Address	2468 Cowper Street						
Post Office Address	Same						
City	Palo Alto	State	CA	ZIP	94301	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature							Date
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature							Date
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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